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Washington, DC 20210

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U.S. Department of Labor Office of Labor-Management LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257; as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

I	For Official Use Only REC'B AUG-82005	
E	QUAS DROP	

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5/9/6	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name MICHAEL M DUBIN	Name UNITED FEDERATION OF TEACHERS, LOCAL 2 AFL CIO		
	Labor Organization File Number 063-924		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 11th Floor		
Street 90 HAMPSHIRE ROAD	Street 52 BROADWAY		
City ROCKVILLE CENTRE	City NEW YORK		
State New York ZIP Code + 4 11570 - 2231	State, New York 144, 38500 ZIP Code + 4 10004		
5. Position in labor organization.			
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the excl	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Poy Pida Poom No. if any			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City			
State St			
Sig	nature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct, and complete. (See the se	ving documents), has been examined by the signatory and is, to the best of the		
Signed Muchay M. Sul =	On 08/03/2005 516-536-3271		
	Date Telephone Number		

Name of Person Filing MICHAEL DUBIN	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name BUCHBINDER TUNICK & CO LLP Trade Name, if any: P.O. Box, Bldg., Room No., if any Street One Pennsylvania Plaza Suite 5335 City New York State New York ZIP Code + 4 10119	9. Business deals with: a. Labor Organization b. Trust c. Employer					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name UNITED FEDERATION OF TEACHERS WELFARE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any	Provides auditing services to the funds	union and related				
Street 52 Broadway	11.b. Approximate dollar value of such dealing.	\$243,000				
City New York	12.a. Nature of interest held or income received.					
State New York ZIP Code + 4 10004	Attended continuing professional efor CPA license provided by BUCHBILLP. \$4 In addition the following tickets NY Jets 11/14/04 2@60 = \$1	NDER TUNICK & CO 68 were provided				
	12.b. Amount.	\$588				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money						
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.					
Name		1 Section 1 and 1				
Trade Name, if any:	The second secon	: : :				
P.O. Box, Bldg., Room No., if any						
Street						
City						
State New York ZIP Code + 4 10119		:				
13 h le the Business on Employee	14.b. Amount of payment.	And the state of t				
13.b. Is the Business an Employer or Consultant?		Landing to the formation of the second secon				

Name of Ferson Filing MICHAEL DUBIN	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name AMALGAMATED BANK		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 15 Union Square	c. Employer	
City New York		
State New York ZIP Code + 4 10003		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	Special Control of the Control of th
Name UNITED FEDERATION OF TEACHERS WELFARE FUND	Provides banking, trust and custodial state union and related funds	services to
Trade Name, if any:		Buildful Park & America
P.O. Box, Bldg., Room No., if any		and support of the second
Street 52 Broadway		
City New York	Value undetermined!!!	
State New York ZIP Code + 4 10004	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Tickets to the various sporting events	\$1,226
	Holiday gifts	123
	Luncheon my portion	78
		to Al-Artin Francisco
		A Lyndrau
	12.b. Amount.	\$1,427